



REQUEST FOR ADDITIONAL VEHICLES

Instructions:

1) Attach supplemental sheets for statement of justification if needed; 2) Obtain required signatures and forward completed form to BUS-6 Fleet Management Section, C308, FAX 7-3195; 3) You may obtain assistance filling out the form from your Vehicle Advisory Team (VAT) representative.

If you need an extension, contact BUS-6 at 7-1282 for approval 3 weeks before the assignment expires.

The VAT will determine prior to the expiration date to: 1) Permanently assign the vehicle; 2) Grant an extension; or 3) Recall the vehicle.

Date Requested: _____

Vehicle Requester: _____ Mail Stop: _____

Phone: _____ Group: _____ Cost Code: _____ Program Code: _____
Cost Account: _____ Work Pkg.: _____

Number of Vehicle(s) Requested: _____ Permanent _____ Temporary: _____ (check one)

Type of Vehicle(s) Requested: _____

JUSTIFICATION:

Classification: _____ Discretionary _____ Non-Discretionary
_____ Emergency Response _____ Uniquely Equipped

Number of month(s) Required: _____ Beginning: _____ Ending: _____

Number of Vehicles in Group: _____ Number of Vehicles in Division: _____

Requester's Signature: _____ Date: _____

Division's VAT Representative Signature: _____ Date: _____

Approved: _____ Date: _____

Requester's Group Leader